

IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)		LOCATION NUMBER
IN THE CASE OF		
USA v.s. <u>George Gracie</u>	FOR AT	[Arrow pointing right]
PERSON REPRESENTED (Show your full name)		DOCKET NUMBERS Magistrate District Court <u>04-10059-MEL</u> Court of Appeals
CHARGE/OFFENSE (describe if applicable & check box →) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other

ASSETS	EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment How much did you earn per month? \$ <u>6/02</u> If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u> IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____				
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES <table style="width:100%;"> <tr> <td style="width:50%;">RECEIVED <u>180.00</u></td> <td style="width:50%;">SOURCES <u>Pension</u></td> </tr> </table>		RECEIVED <u>180.00</u>	SOURCES <u>Pension</u>	
	RECEIVED <u>180.00</u>	SOURCES <u>Pension</u>				
	CASH	Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>10.00</u>				
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width:100%;"> <tr> <td style="width:50%;">VALUE <u>335,000</u></td> <td style="width:50%;">DESCRIPTION <u>House</u></td> </tr> <tr> <td><u>15,000</u></td> <td><u>Truck</u></td> </tr> </table>		VALUE <u>335,000</u>	DESCRIPTION <u>House</u>	<u>15,000</u>	<u>Truck</u>
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<u>15,000</u>	<u>Truck</u>					

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____	
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
	<u>1st & 2nd st</u> <u>Ch 13</u> <u>Utility Pym</u> <u>Health Ins</u>	<u>1st & 2nd st</u> <u>Ch 13</u> <u>Utility Pym</u> <u>Health Ins</u>	<u>Ch 13</u> <u>Utility Pym</u> <u>Health Ins</u>	<u>2,000.00</u> <u>400.00</u> <u>600.00</u> <u>100.00</u>	<u>2,000.00</u> <u>400.00</u> <u>600.00</u> <u>100.00</u>

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

[Signature]